



FRANKLIN COUNTY DOG SHELTER

FOSTER APPLICATION

Name _____ Driver's Lic # _____

Street Address _____

City _____ State _____ Zip _____

E-mail Address _____

Home Phone _____ Work Phone _____

Names and relationship of all others in household (include ages of children)

Does anyone in your household have allergies to animals? _____

Type of Housing (circle all that apply):

Own Rent Live with Parents Military House
Condo Apartment Mobile

Landlord name and telephone number _____

Where will the dog be kept?

During the day? _____ At night? _____

Describe the dog's play area: _____

Do you have a fenced yard? _____ How tall is the fence? _____

On average, how long will the dog be left alone each day? _____

Are you familiar with crate training? _____

How will you exercise the dog and how often? _____

Please describe all current pets:

Type & Name of Pet	Age	Sex	Spayed/Neutered	Kept in/out	How long owned?

Name of veterinarian _____

Phone Number _____

What behavior problems have you experienced with other dogs in the past and how did you resolve them? _____

Do you have any experience in training dogs? If yes, what types of training methods did you use? _____

Why are you interested in fostering a dog? _____

How long would you be willing to keep your foster dog? _____

Do you have a certain dog, or type of dog, in mind? _____

Signature

Date